

EXHIBIT 8

Psychopharmacology Consultants
 5445 PARK CENTRAL COURT
 NAPLES, FL 34109
 (239)592-7535

12/14/2007

Page: 1

Instructions:

Complete the patient information portion of your insurance claim form. Attach this bill, signed and dated, and all other bills pertaining to the claim. If you have a deductible policy, hold your claim forms until you have met your deductible. Mail directly to your insurance carrier.

Patient: **JANE HALBRITTER**
 100 N GARDEN STREET
 ROME, NY 13440

Chart #: **HADA000**
 Case #: **18553**

Date	Description	Procedure	Modify	Dx 1	Dx 2	Dx 3	Dx 4	Units	Charge
3/20/2006								1	1,200.00
4/4/2006								1	0.00
4/18/2006								1	0.00
5/25/2006								1	200.00
5/25/2006								1	-200.00
7/5/2006								1	200.00
7/5/2006								1	-1,400.00
10/3/2006								1	200.00
10/3/2006								1	-200.00
10/10/2006								1	200.00
10/10/2006								1	-200.00
10/26/2006								1	200.00
10/26/2006								1	-200.00
1/5/2007								1	0.00
1/5/2007								1	-200.00
1/5/2007								1	200.00
1/19/2007								1	-200.00
1/19/2007								1	200.00
3/16/2007								1	-200.00
3/16/2007								1	200.00
7/12/2007								1	-200.00
7/12/2007								1	200.00
9/5/2007								1	-200.00
9/5/2007								1	200.00

Provider Information

Provider Name: **JAMES A. HALIKAS MD**
 License: **ME0069324**
 Insurance PIN:
 SSN or EIN: **59 3529928**

Total Charges: **\$ 5200.**
 Total Payments: **-\$ 3200.**
 Total Adjustments: **\$ 0.**
 Total Due This Visit: **\$ 0.**
 Total Account Balance: **\$ 0.**

Assign and Release: I hereby authorize payment of medical benefits to this physician for the services described above. I also authorize the release of any information necessary to process this claim.

Patient Signature: _____

Date: _____

EXHIBIT 9



JAGUAR - ASTON MARTIN NAPLES

850 NORTH TAMiami TRAIL NAPLES, FL 34102
TELEPHONE (239) 263-6070 FAX (239) 263-8058
STATE OF FLORIDA REGISTRATION: MV - 01944



LANDROVER NAPLES

40 GOODLETTE ROAD NAPLES, FL 34102
TELEPHONE (239) 649-4241 FAX (239) 649-6356
STATE OF FLORIDA REGISTRATION: MV - 51918

PLEASE SEE REVERSE SIDE FOR INFORMATION REGARDING REPAIRS

CUSTOMER NO. 501468	ADVISOR THOMAS TIPTON	473	TAG NO. 582	INVOICE DATE 10/31/06	INVOICE NO. LRC510049
JANE HALBRITTER 8231 BAY COLONY DR APT 1702 NAPLES, FL 34108-7789	LAND ROVER	LICENSE NO.	MILEAGE 9,250	COLOR WHITE/ALPAC	STOCK NO.
	YEAR / MAKE / MODEL 06/LAND ROVER/RANGE ROVER SPO/4 DOOR			DELIVERY DATE 11/23/05	DELIVERY MILES
	VEHICLE I.D. NO. S A L S F 2 5 4 9 6 A 9 2 1 0 3 1			SELLING DEALER NO.	PRODUCTION DATE
RESIDENT PHONE 515-271-8734	BUSINESS PHONE	COMMENTS 2.5 LITER	P.O. NO.	B.O. DATE 08/23/06	REPRINT# 2
			MILEAGE OUT NO: 9250		

JOB # 4 TOTAL LABOR & PARTS
5-30LRZ08 AUTO TRANS RECALL TECH(S):378 WARRANTY
Added Operation (37TIPTON @ 10/31/2006 10:19)
B023 IMPROPER FUNCTION OF THE AUTOMATIC TRANSMISSION RECALL
PERFORM B023 MODIFICATION

PARTS-----QTY---FP-NUMBER-----DESCRIPTION-----UNIT PRICE
JOB # 5 TOTAL PARTS

JOB # 5 TOTAL LABOR & PARTS

COMMENTS-----
THERE HAVE BEEN SEVERAL PARTS DELAYS ON THIS VEHICLE. THE LAST
ENCOUNTERED WAS DUE TO THE BODY CONTROL MODULE/FUSEBOX. CURRENTLY
THE POWER SUNROOF DOES NOT WORK, THE DRIVERS POWER SEAT WORKS IN
INTERVALS OF 2 INCHES AT A TIME AND THE ADAPTIVE HEADLAMPS DO
NOT FUNCTION. THESE ARE ALL RELATED TO AN APPEARANT FAULTY CODED
PART SUPPLIED BY LANDROVER. THERE IS A PARTS WARRANTY ON THESE
REPAIRS. CURRENTLY THE PROMISE DATE FOR THE FUSE BOX IS LAST
WEEK OF NOVEMBER.

DELETED OPERATION(S)-----
00LRZ QUICK SERVICE

TOTALS-----

* NEXT RECOMMENDED SERVICE:
* 01/31/2007 / 10000 MI 01JAZ010 10000 MILE SERVICE *

TOTAL LABOR...
TOTAL PARTS...
TOTAL SUBLET...
TOTAL G.O.G...
TOTAL MISC CHG...
TOTAL MISC DISC...
TOTAL TAX.....

TOTAL INVOICE \$

REDACTED

ALL PARTS
ARE NEW
UNLESS
OTHERWISE
INDICATED

REDACTED

CUSTOMER SIGNATURE

DUPLICATE INVOICE

The Travelers Indemnity Company

JANE A HALBRITTER
23 SIDNEY STREET
CAMBRIDGE MA 02139

DATE: 10/20/06
LOSS DATE: 07/10/06
FILE NUMBER: 263 AD URH0811 N

AGENT:
STAGNITTA INSURANCE AGCY

ACCOUNT NAME:
JANE A HALBRITTER

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

COMPREHENSIVE
AUTO MISCELLANEOUS
TOTAL PAID

REDACTED

DAMAGES TO YOUR VEHICLE

FOR ADDITIONAL INFORMATION, CONTACT: KEVIN BUCKLEY AT (518)862-7835

293001643

DETACH CHECK.

UNSUMM -050796
OVRPUN1-121296
DETACH CHECK

Chubb Delaware
One Penn's Way
New Castle DE 19720

The Travelers Indemnity Company

PO BOX 22005
ALBANY NY 12201-2005
(518)862-7835

883B 74401803

THIS CHECK HAS A RED BACKGROUND

62-20
311

DATE
10/20/06

ACCOUNT NUMBER
J98

FILE NUMBER
263 AD URH0811 N

VOID IF NOT PRESENTED WITHIN
ONE YEAR AFTER DATE OF ISSUE

REDACTED

PAY: \$

KJB

PAY
TO THE
ORDER OF
LAND ROVER OF NAPLES
AND JANE A HALBRITTER
40 GOODLETTE
NAPLES FL 34102

001643
UA01643

Douglas H. Russell

AUTHORIZED SIGNATURE

"74401803"

10311002091

38622673"

EXHIBIT 10

NEW YORK STATE INSURANCE IDENTIFICATION CARD

341

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

NAME AND ADDRESS OF ISSUER:

AGENT: OFK525

TRAVELERS

P.O. BOX 4831, SYRACUSE, NY, 132214831

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

HALBRITTER, JANE

8231 BAY COLONY DR

NAPLES FL 34108

Policy Number:

978883442 101 2

Effective Date:

12/07/2006

Expiration Date:

12/07/2007

12:01 a. m.

12:01 a. m.

(Not acceptable to obtain registration after 45 days from effective date.)

Applicable with respect to the following Motor Vehicle:

2006 BMW

Year

Make

WBAEK134X6CN76140

Vehicle Identification Number

REPLACEMENT VEHICLE NOTATION:
DMV WILL ONLY PROCESS A
VEHICLE CHANGE (RE-REGISTRATION)
USING THE REPLACED VEHICLE'S
CURRENT REGISTRATION.
See Important Notice
On Reverse Side FS-20
Rev. 8-01

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TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

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